

## City of Chicopee, Massachusetts License Commission

City Hall - 17 Springfield Street - Chicopee, MA 01013 Tel: (413) 594-1530 Fax: (413) 594-1531

## CORI REQUEST FORM GCHIBS-G

conviction and pending crim- understand that a criminal reco	ommissioners has been certified by the Crin inal case data. As an applicant/employee ord check will be conducted for conviction a isqualify me. The information below is correct	e for I nd pending criminal case information only
Applicant	/Employee Signature (Unless otherwise preer	mpted by law)
APPLICANT	/EMPLOYEE INFORMATION (PLEASE F	PRINT)
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAMNE OR ALIAS (IF APPLICABLE)		PLACE OF BIRTH
DATE OF BIRTH	SOCIAL SECURITY NUMBER	ID Theft Index PIN (If applicable)
MOTHER'S MAIDEN NAME (Requested but not required)	<u> </u>	
CURRENT and FORMER AI	DDRESSES:	
SEX:HEIGHT:ft	in. WEIGHT:EYE COLOR: _	
STATE DRIVER'S LICENSE N	(Include state of issue)	
*** THE ABOVE INFORMATI ISSUED PHOTOGRAPHIC IDI	ON WAS VERIFIED BY REVIEWING THE ENTIFICATION:	FOLLOWING FORM OF GOVERNMENT
REQUESTED BY:	URE OF CORI AUTHORIZED EMPLOYE	

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are to required to be submitted to the CHSB via mail or by fax to 617-660-4614.